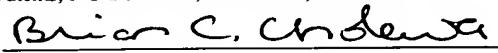


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Date of Signature and Deposit: April 5, 2007

  
Brian C. Cholewa, Reg. No. 58,392



PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants: Elof Eriksson, *et al.*

Date: April 5, 2007

Serial No.: 10/775,449

Art Unit: 3739

Filing Date: February 10, 2004

Examiner: --

Title: METHOD AND APPARATUS FOR  
DERMAL TISSUE HARVESTING

File No.: 310558.00002

Confirmation No.: 9419

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SUPPLEMENTAL INFORMATION DISCLOSURE STATEMENT

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Mail Stop Amendment  
Commissioner for Patents  
P O Box 1450  
Alexandria, VA 22313-1450

Dear Sir:

Enclosed is completed form PTO/SB/08a listing documents that Applicants wish to bring to the attention of the Examiner for consideration in connection with the examination on the merits of the above-identified application. The following is submitted in compliance with 37 C.F.R. §§ 1.97-1.98 and in accordance with 37 C.F.R. § 1.97(b). Where appropriate, copies of the necessary documents are enclosed in compliance with 37 C.F.R. § 1.98(a)(2).

In compliance with the requirement of 37 C.F.R. § 1.98(a)(3)(i), foreign document FR Patent No. 1,009,467 is included in the information disclosure statement because it discloses a dermal tissue harvesting apparatus having a blade held in a fixed position.

The information listed in the accompanying form PTO/SB/08a and provided herewith may be material to the above-identified application and is submitted in compliance with the requirements of 37 C.F.R. § 1.56.

Fees

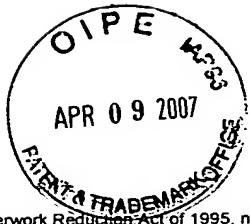
No fee is believed due in connection with this submission. However, if a fee is due, please charge the fee to Deposit Account No. 17-0055.

Respectfully submitted,

Brian C. Cholewa

Brian C. Cholewa  
Reg. No. 58,392  
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PTO/SB/08A (07-05)

Substitute for form 1449/PTO		<b>Complete if Known</b>	
<b>INFORMATION DISCLOSURE STATEMENT BY APPLICANT</b> <i>(Use as many sheets as necessary)</i>		Application Number	10/775,449
		Filing Date	February 10, 2004
		First Named Inventor	Elof Eriksson
		Art Unit	3739
		Examiner Name	--
		Attorney Docket Number	310558.00002
Sheet	1	of	1

## **INFORMATION DISCLOSURE STATEMENT BY APPLICANT**

*(Use as many sheets as necessary)*

Sheet 1 of 1

**Complete if Known**

Application Number	10/775,449
Filing Date	February 10, 2004
First Named Inventor	Elof Eriksson
Art Unit	3739
Examiner Name	--

## **U. S. PATENT DOCUMENTS**

## **FOREIGN PATENT DOCUMENTS**

<b>Examiner Signature</b>		<b>Date Considered</b>	
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<sup>1</sup>EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant. <sup>2</sup>Applicant's unique citation designation number (optional). <sup>3</sup>See Kinds Codes of USPTO Patent Documents at [www.uspto.gov](http://www.uspto.gov) or MPEP 901.04. <sup>4</sup>Enter Office that issued the document, by the two-letter code (WIPO Standard ST.3). <sup>5</sup>For Japanese patent documents, the indication of the year of the reign of the Emperor must precede the serial number of the patent document. <sup>6</sup>Kind of document by the appropriate symbols as indicated on the document under WIPO Standard ST.16 if possible. <sup>7</sup>Applicant is to place a check mark here if English language Translation is attached.

This collection of information is required by 37 CFR 1.97 and 1.98. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND

If you need assistance in completing the form, call 1-800-PTO-9199 (1-800-786-9199) and select option 2.